

Town Health Officer Essential Maintenance Practices Compliance Check Form

Compliance Check Form	
Property Address:	Owner Name, Address, & Phone Number:
☐ Rental ☐ Daycare ☐ Other	
Reason for Compliance Check:	Person Conducting Check Name & Title
☐ Initial ☐ Follow-up (Last inspection_date:)	
Random Check Complaint Other	☐ Health Officer ☐ VDH Staff ☐ Other
Vermont Essential Maintenance Practices	
 □ Prevent Lead Poisoning' poster posted □ Yes: □ Common area □ Each Apartment □ No 	
 Window well inserts in all wooden windows 	
 ☐ Yes ☐ Not Applicable: Windows are ☐ vinyl ☐ metal ☐ other ☐ No: Windows without inserts, location(s): 	
 Surfaces and fixtures free of deteriorated paint ☐ Yes ☐ No: 	
☐ Greater than 1 ft² of deteriorated paint on an interior surface, location(s):	
☐ Greater than 1 ft² of deteriorated paint on an exterior surface, location(s):	
 EPA 'Protect Your Family From Lead' pamphlet given to tenants Yes No: ☐ Tenant reports that he/she did not receive pamphlet ☐ Tenant unavailable ☐ Unknown 	
□ Burning □ Water Blasting	☐ Dry Scraping
□ Power Sanding□ Sandblasting□ No	☐ Other
Federal Disclosure	
□Tenant notification in lease□ Yes□ No	
 ■Notification of renovation ■ Yes: contractor name, address, phone number: ■ No 	
Overall Findings and Required Corrections:	
Required Compliance Date: Fo	llow-up Check Date Set:
Referred to Other State Agency/Department or Other Organization:	
Details/Comments:	
Signature: Da	ate: